

**Express Mail Label No. EL 823671615 US**

**Application Data Sheet**

**Application Information**

Application number:: Unassigned  
Filing Date:: Herewith  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??:  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: COMBINATION THERAPY USING  
PENTAFLUOROBENZENESULFONAMIDES AND  
ANTINEOPLASTIC AGENTS  
Attorney Docket Number:: 018781-007210US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 3  
Small Entity?:: No  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.: No

## **Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: Susan  
Middle Name::  
Family Name:: Schwendner  
Name Suffix::  
City of Residence:: San Bruno  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2000 Crystal Springs Road, #7-05  
City of Mailing Address:: San Bruno  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94066

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Netherlands  
Status:: Full Capacity  
Given Name:: Pieter  
Middle Name::  
Family Name:: Timmermans  
Name Suffix::  
City of Residence:: Redwood City  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 850 Hillcrest Drive  
City of Mailing Address:: Redwood City  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: United Kingdom  
Status:: Full Capacity  
Given Name:: Jacqueline  
Middle Name::  
Family Name:: Walling  
Name Suffix::  
City of Residence:: Burlingame  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 2710 Easton Drive  
City of Mailing Address:: Burlingame  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94010

#### **Correspondence Information**

Correspondence Customer Number:: 20350

#### **Representative Information**

Representative Designation::	Representative Number::	Representative Name::
Primary	37,330	Eugenia Garrett- Wackowski
Associate	37,369	William B. Kezer

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
Claims the benefit of	Provisional	60/245,878	11/03/00

**Foreign Priority Information**

Country::	Application number::	Filing Date::
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**Assignee Information**

Assignee Name::	Tularik Inc.
Street of mailing address::	Two Corporate Drive
City of mailing address::	So. San Francisco
State or Province of mailing address::	CA
Country of mailing address::	US
Postal or Zip Code of mailing address::	94080